

| POSITION                         | INITIALS | ID NO.      | DATE       |
|----------------------------------|----------|-------------|------------|
| <b>FEE DETERMINATION</b>         |          |             |            |
| <b>O.I.P.E. CLASSIFIER</b>       |          |             |            |
| <b>FORMALITY REVIEW</b>          |          | 1/3<br>7/21 | 10/12/5/02 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |             | 7/28/03    |
|                                  |          |             |            |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final<br>Original | Date   |
|-------|-------------------|--------|
| 1     | ✓                 | 1/2/03 |
| 2     |                   |        |
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| 6     |                   |        |
| 7     | ✓✓✓=              |        |
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| 9     | ✓✓✓=              |        |
| 10    | ✓✓✓=              |        |
| 11    | ✓✓✓=              |        |
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| 17    |                   | =      |
| 18    |                   | ✓      |
| 19    |                   |        |
| 20    |                   | ✓✓     |
| 21    |                   | ✓✓     |
| 22    | ✓✓✓=              |        |
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| Claim | Final<br>Original | Date |
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| Claim | Final<br>Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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